

United States Bankruptcy Court Southern District of Ohio						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Naylor, Charles Leroy				Name of Joint Debtor (Spouse) (Last, First, Middle): Naylor, Cathy Linda			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 9648				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 2463			
Street Address of Debtor (No. & Street, City, State & Zip Code): 16501 Brushy Fork Road Southeast Newark, OH				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 16501 Brushy Fork Road Southeast Newark, OH			
ZIPCODE 43056-9668				ZIPCODE 43056-9668			
County of Residence or of the Principal Place of Business: Licking				County of Residence or of the Principal Place of Business: Licking			
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE	
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtor Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion							

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Naylor, Charles Leroy & Naylor, Cathy Linda	
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<div style="text-align: center;">Exhibit A</div> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<div style="text-align: center;">Exhibit B</div> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> X <u>/s/ Mark Albert Herder</u> 12/31/14 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Attorney for Debtor(s) Date </div>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-top: 10px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center; margin-top: 10px;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Naylor, Charles Leroy & Naylor, Cathy Linda

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

☒ **/s/ Charles Leroy Naylor**

Signature of Debtor

Charles Leroy Naylor

☒ **/s/ Cathy Linda Naylor**

Signature of Joint Debtor

Cathy Linda Naylor

(740) 763-0010

Telephone Number (If not represented by attorney)

December 31, 2014

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

☒

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

☒ **/s/ Mark Albert Herder**

Signature of Attorney for Debtor(s)

Mark Albert Herder 0061503

Mark Albert Herder

901 South High Street

Columbus, OH 43205-0000

December 31, 2014

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

☒

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

☒

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Case No. _____

Naylor, Charles Leroy

Chapter 13

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Charles Leroy Naylor

Date: December 31, 2014

Certificate Number: 11557-OHS-CC-024726024



11557-OHS-CC-024726024

CERTIFICATE OF COUNSELING

I CERTIFY that on December 18, 2014, at 12:51 o'clock PM MST, Charles L. Naylor received from Academy of Financial Literacy, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Southern District of Ohio, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 18, 2014 By: /s/Phillip Eugene Day

Name: Phillip Eugene Day

Title: Owner

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Naylor, Cathy Linda

Chapter 13

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Cathy Linda Naylor

Date: December 31, 2014

Certificate Number: 11557-OHS-CC-024725998



11557-OHS-CC-024725998

CERTIFICATE OF COUNSELING

I CERTIFY that on December 18, 2014, at 12:40 o'clock PM MST, Cathy L. Naylor received from Academy of Financial Literacy, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Southern District of Ohio, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 18, 2014 By: /s/Phillip Eugene Day

Name: Phillip Eugene Day

Title: Owner

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Document Page 8 of 68
United States Bankruptcy Court
Southern District of Ohio

IN RE:

Case No. _____

Naylor, Charles Leroy & Naylor, Cathy LindaChapter **13**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE**

I. Disclosure

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,500.00**

Prior to the filing of this statement I have received \$ **90.00**

Balance Due \$ **3,410.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

II. Application

5. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,500, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,500, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the hourly rate at which the services were performed, and the actual time spent by the case attorney, any other attorney, paralegal or professional person for whom fees are sought. Any request for reimbursement of expenses shall include an itemization of the expenses.
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and amendments thereto that may be required;
 - c. Preparation and filing of chapter 13 plan, and any pre-confirmation amendments thereto that may be required;
 - d. Preparation and filing of payroll orders and amended payroll orders;
 - e. Representation of the debtor at the meeting of creditors and confirmation hearing; and any continued hearings thereof;
 - f. Filing of address changes;
 - g. Routine phone calls and questions;
 - h. Review of claims;
 - i. Review of notice of intention to pay claims;
 - j. Preparation and filing of objections to non-real estate and non-tax claims;
 - k. Preparation and filing of first motion to suspend or reduce payments;
 - l. Preparation and filing of debtor's certification regarding issuance of discharge order; and
 - m. Any other duty as required by local decision or policy.

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

December 31, 2014

Date

/s/ Mark Albert Herder

Mark Albert Herder 0061503

Mark Albert Herder

901 South High Street

Columbus, OH 43205-0000

IN RE:

Case No. _____

Naylor, Charles Leroy & Naylor, Cathy Linda

Chapter 13

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Naylor, Charles Leroy & Naylor, Cathy Linda

X /s/ Charles Leroy Naylor

12/31/2014

Printed Name(s) of Debtor(s)

Signature of Debtor

Date

Case No. (if known) _____

X /s/ Cathy Linda Naylor

12/31/2014

Signature of Joint Debtor (if any)

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Fill in this information to identify your case:

Debtor 1 **Charles Leroy Naylor**
First Name Middle Name Last Name

Debtor 2 **Cathy Linda Naylor**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Southern District of Ohio**

Case number _____
(If known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 22C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>0.00</u>	\$ <u>0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	– \$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	
	Copy here →	\$ <u>0.00</u>
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	– \$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	
	Copy here →	\$ <u>0.00</u>

Debtor 1

Charles Leroy Naylor

First Name

Middle Name

Last Name

Document

Page 14 of 68

Case number (if known)

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse

7. Interest, dividends, and royalties

\$ 0.00

\$ 0.00

8. Unemployment compensation

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow

For you \$ 0.00

For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00

\$ 556.75

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.

10a. \$

10b. \$

10c. Total amounts from separate pages, if any.

+ \$ 0.00

+ \$ 0.00

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 0.00

+ \$ 556.75

= \$ 556.75

Total average
monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11.

\$ 556.75

13. Calculate the marital adjustment. Check one:

☐ You are not married. Fill in 0 in line 13d.☒ You are married and your spouse is filing with you. Fill in 0 in line 13d.☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 on line 13d.

13a. \$

13b. \$

13c. + \$

13d. Total.....

\$ 0.00

Copy here. \rightarrow 13d. — 0.00

14. Your current monthly income. Subtract line 13d from line 12.

14.

\$ 556.75

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here \rightarrow 15a. \$ 556.75

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

15b.

\$ 6,681.00

Debtor 1

Charles Leroy Naylor

First Name

Middle Name

Last Name

Document

Page 15 of 68

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

Ohio

16b. Fill in the number of people in your household.

2

16c. Fill in the median family income for your state and size of household..... 16c.

\$ 53,551.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Disposable Income* (Official Form 22C-2).17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3:**

Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)

18. Copy your total average monthly income from line 11...... 18.\$ 556.75**19. Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a.

19a. — \$ 0.00**Subtract line 19a from line 18.**19b. \$ 556.75**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b..... 20a.

\$ 556.75

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form.

20b. \$ 6,681.00

20c. Copy the median family income for your state and size of household from line 16c.

\$ 53,551.00**21. How do the lines compare?**☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4:**

Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

✕

/s/ Charles Leroy Naylor

Signature of Debtor 1

✕

/s/ Cathy Linda Naylor

Signature of Debtor 2

Date December 31, 2014

MM / DD / YYYY

Date December 31, 2014

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

IN RE:

Case No. _____

Naylor, Charles Leroy & Naylor, Cathy LindaChapter 13

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 105,000.00		
B - Personal Property	Yes	3	\$ 19,554.10		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	4		\$ 217,692.78	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		\$ 26,089.65	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 3,271.75
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 2,973.75
TOTAL		32	\$ 124,554.10	\$ 243,782.43	

IN RE:

Case No. _____

Naylor, Charles Leroy & Naylor, Cathy Linda

Chapter **13**

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 2,000.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 2,000.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 3,271.75
Average Expenses (from Schedule J, Line 22)	\$ 2,973.75
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 556.75

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 19,220.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00	
4. Total from Schedule F	\$ 26,089.65	
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 45,309.65	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Real estate located at 16501 Brushy Fork Road Southeast, Newark, Ohio 43056 -- residence of the Debtors		J	105,000.00	207,692.78
TOTAL			105,000.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand	J	20.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		1/2 interest in savings account with JP Morgan Chase Bank -- joint with grand daughter	J	2.00
		Checking account with Huntington National Bank	J	25.00
		Checking account with JP Morgan Chase Bank	J	50.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods and furnishings	J	1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	J	500.00
7. Furs and jewelry.		Misc. items of costume jewelry	W	50.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Whole life insurance policy through Lincoln Heritage Life Insurance -- Cash surrender value of \$0.00 -- beneficiary is daughter of debtor	H	0.00
		Whole life insurance policy through Western and Southern Life on the life of brother -- Cash surrender value of \$332.83 -- beneficiary is debtor	J	332.83
		Whole life policy through Western and Southern Life -- Cash surrender value of \$178.79 -- beneficiary is daughter of debtor	H	178.79
		Whole life policy through Western and Southern Life -- Cash surrender value of \$80.66 -- beneficiary is daughter of debtor	W	80.66
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No.

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Pension through JP Morgan Chase	H	5,914.82
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1999 GMC Envoy -- Approx. 201,300 miles 2007 Chevrolet Trailblazer -- Acquired on 6/22/2011	W H	1,400.00 10,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				19,554.10

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IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

☒ Check if debtor claims a homestead exemption that exceeds \$155,675. *

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE A - REAL PROPERTY</u>			
Real estate located at 16501 Brushy Fork Road Southeast, Newark, Ohio 43056 -- residence of the Debtors	R.C. § 2329.66(A)(1a)(b)	265,800.00	105,000.00
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Cash on hand	R.C. § 2329.66(A)(3)	20.00	20.00
Checking account with Huntington National Bank	R.C. § 2329.66(A)(3)	25.00	25.00
Checking account with JP Morgan Chase Bank	R.C. § 2329.66(A)(3)	50.00	50.00
Household goods and furnishings	R.C. § 2329.66(A)(4)(a)	1,000.00	1,000.00
Clothing	R.C. § 2329.66(A)(4)(a)	500.00	500.00
Whole life insurance policy through Western and Southern Life on the life of brother -- Cash surrender value of \$332.83 -- beneficiary is debtor	R.C. § 2329.66(A)(18)	332.83	332.83
Whole life policy through Western and Southern Life -- Cash surrender value of \$178.79 -- beneficiary is daughter of debtor	R.C. § 2329.66(A)(18)	178.79	178.79
Pension through JP Morgan Chase	R.C. § 2329.66(A)(10)(a)	5,914.82	5,914.82
1999 GMC Envoy -- Approx. 201,300 miles	R.C. § 2329.66(A)(2)	3,675.00	1,400.00

* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor;" include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Capital One Auto Finance 7933 Preston Road Plano, TX 75024	H	Vehicle loan on 2007 Chevrolet Trailblazer -- Acquired on 6/22/2011				10,000.00	
		VALUE \$ 10,000.00					
ACCOUNT NO. Capital One Auto Finance PO Box 269027 Plano, TX 75026-9027		Assignee or other notification for: Capital One Auto Finance					
		VALUE \$					
ACCOUNT NO. Capital One Auto Finance 3901 Dallas Parkway Plano, TX 75093		Assignee or other notification for: Capital One Auto Finance					
		VALUE \$					
ACCOUNT NO. Citimortgage, Inc. P.O. Box 6243 Sioux Falls, SD 57117-6243	J	Mortgage on real estate located at 16501 Brushyfork Road Southeast, Newark, Ohio 43056 -- Mortgage payment is \$770.00 per month -- said payment includes both RET & HOI -- Mortgage payment is current.				124,220.00	19,220.00
		VALUE \$ 105,000.00					
<div> <div>3 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ 134,220.00	\$ 19,220.00
<div> <div>Total (Use only on last page)</div> </div>						\$	\$

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED. NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Citimortgage, Inc. 1100 Technology Drive Ofallon, MO 63368-2240		Assignee or other notification for: Citimortgage, Inc.					
		VALUE \$					
ACCOUNT NO. Citimortgage, Inc. 27555 Farmington Road Farmington Hills, MI 48334-3357		Assignee or other notification for: Citimortgage, Inc.					
		VALUE \$					
ACCOUNT NO. Reimer Arnovitz Cherek & Jeffrey Rep For Citimortgage, Inc. 30455 Solon Road Solon, OH 44139		Assignee or other notification for: Citimortgage, Inc.					
		VALUE \$					
ACCOUNT NO. JP Morgan Chase 3415 Vision Drive Columbus, OH 43219	J	Second mortgage on real estate located at 16501 Brushy Fork Road, Newark, Ohio, 43055 -- second mortgage will be treated as a general unsecured creditor of the estate -- based upon the appraised				27,800.00	
ACCOUNT NO.		value of the real estate, a proceeding to accomplish the avoidance of the second mortgage will be filed prior to discharge					
		VALUE \$ 105,000.00					
ACCOUNT NO. Acqura Loan Services 7880 Bent Branch Drive Suite 150 Irving, TX 75063-6045		Assignee or other notification for: JP Morgan Chase					
		VALUE \$					
Sheet no. <u>1</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this page) \$ 27,800.00	\$
						Total (Use only on last page) \$	\$

(Report also on
Summary of
Schedules.)(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.		Assignee or other notification for:					
Chase		JP Morgan Chase					
PO Box 24696							
Columbus, OH 43224		VALUE \$					
ACCOUNT NO.		Assignee or other notification for:					
Chase Mortgage		JP Morgan Chase					
P.O. Box 9001871							
Louisville, KY 40290-0542		VALUE \$					
ACCOUNT NO.		Assignee or other notification for:					
JP Morgan Chase		JP Morgan Chase					
370 S. Cleveland Ave.							
Westerville, OH 43081		VALUE \$					
ACCOUNT NO.		Assignee or other notification for:					
Jp Morgan Chase Home Finance		JP Morgan Chase					
P.O. Box 24696							
Columbus, OH 43224		VALUE \$					
ACCOUNT NO.	J	Lien on on real estate located at 16501				20,672.78	
MIA Funding		Brushyfork Road Southeast, Newark,					
1545 NE 123rd Street		Ohio 43055 -- lien will be treated as a					
North Miami, FL 33152		general unsecured creditor of the estate					
		-- based upon the appraised value of the					
ACCOUNT NO.		real estate, a proceeding to accomplish					
		the avoidance of the lien will be filed					
		prior to discharge					
		VALUE \$ 105,000.00					
Sheet no. 2 of 3 continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this page)	\$ 20,672.78 \$
						Total (Use only on last page)	\$ \$

(Report also on
Summary of
Schedules.)(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED. NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Ohio Homeowner Assistance LLC 88 East Broad Street, Ste 1800 Columbus, OH 43215	J	Third mortgage on real estate located at 16501 Brushyfork Road Southeast, Newark, Ohio 43055 -- second mortgage will be treated as a general unsecured creditor of the estate -- based upon the appraised value of the real				35,000.00	
ACCOUNT NO. 		estate, a proceeding to accomplish the avoidance of the second mortgage will be filed prior to discharge					
		VALUE \$ 105,000.00					
ACCOUNT NO. 							
		VALUE \$					
ACCOUNT NO. 							
		VALUE \$					
ACCOUNT NO. 							
		VALUE \$					
ACCOUNT NO. 							
		VALUE \$					
ACCOUNT NO. 							
		VALUE \$					
Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Secured Claims						Subtotal (Total of this page) \$ 35,000.00	\$
						Total (Use only on last page) \$ 217,692.78	\$ 19,220.00

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Capital One Bank 15000 Capital One Drive Richmond, VA 23238	J	misc. debt				993.38
ACCOUNT NO. Capital One Bank 2425 Commerce Avenue Duluth, GA 30096		Assignee or other notification for: Capital One Bank				
ACCOUNT NO. Capital One Bank PO Box 85520 Richmond, VA 23285		Assignee or other notification for: Capital One Bank				
ACCOUNT NO. Capital One Bank (USA) NA PO Box 60599 City Of Industry, CA 91716		Assignee or other notification for: Capital One Bank				
Subtotal (Total of this page)						\$ 993.38
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CEMS Of Ohio DBA Medicare Po Box 715541 Columbus, OH 43271-5541	J	misc. debt				101.26
ACCOUNT NO. Columbus Sleep Consultants Huntington Bank, L-3311 Columbus, OH 43260	J	misc. debt				90.00
ACCOUNT NO. Courtesy Ambulance Inc. 1890 West Main Street Newark, OH 43055	J	misc. debt				123.11
ACCOUNT NO. Berks Credit And Collections Rep For Courtesy Ambulance 900 Corporate Drive Reading, PA 19605		Assignee or other notification for: Courtesy Ambulance Inc.				
ACCOUNT NO. Medical Payment Data P.O. Box 9500 Wilkes Barre, PA 18773		Assignee or other notification for: Courtesy Ambulance Inc.				
ACCOUNT NO. Credit One Bank P O Box 98873 Las Vegas, NV 89193-8673	J	misc. debt				1,832.65
ACCOUNT NO. Credit One Bank PO Box 60500 City Of Industry, CA 91716-0500		Assignee or other notification for: Credit One Bank				

Sheet no. 1 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,147.02**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Credit One Bank PO Box 98872 Las Vegas, NV 89193-8872		Assignee or other notification for: Credit One Bank				
ACCOUNT NO. Doctor's Anesthesia Services Of Columbus Po Box 713749 Cincinnati, OH 45271-3749	J	misc. debt				156.16
ACCOUNT NO. Dr. Leonards PO Box 2852 Monroe, WI 53566	J	misc. debt				262.51
ACCOUNT NO. Shop Now Pay Plan Po Box 2852 Monroe, WI 53566-8052		Assignee or other notification for: Dr. Leonards				
ACCOUNT NO. Fingerhut 6509 Flying Could Drive Eden Prairie, MN 55344	J	misc. debt				1,009.85
ACCOUNT NO. Fingerhut 11 McLeland Road St. Cloud, MN 56395		Assignee or other notification for: Fingerhut				
ACCOUNT NO. Fingerhut Credit Advantage PO Box 7999 Saint Cloud, MN 56302		Assignee or other notification for: Fingerhut				

Sheet no. 2 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,428.52**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda Debtor(s) Case No. (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBtor HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. First Premier Bank PO Box 5519 Sioux Falls, SD 57117	J	misc. debt				743.59
ACCOUNT NO. First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104		Assignee or other notification for: First Premier Bank				
ACCOUNT NO. First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104		Assignee or other notification for: First Premier Bank				
ACCOUNT NO. Foot Ankle Specialists Of Central Ohio 426 Beecher Rd Columbus, OH 43230	J	misc. debt				217.51
ACCOUNT NO. Keybridge Rep For Foot & Ankle Specialists 2348 Baton Rouge A, PO Box 1568 Lima, OH 45802		Assignee or other notification for: Foot Ankle Specialists Of Central Ohio				
ACCOUNT NO. GECRB/Care Credit PO Box 981439 El Paso, TX 79998-1439	J	misc. debt				536.00
ACCOUNT NO. Care Credit PO Box 960061 Orlando, FL 32896-0061		Assignee or other notification for: GECRB/Care Credit				

Sheet no. **3** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,497.10**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Care Credit/GEMB C/O Cardholder Operations PO Box 981439 El Paso, TX 79998-1439		Assignee or other notification for: GEICB/Care Credit				
ACCOUNT NO. Grant Medical Center PO Box 182140 Columbus, OH 43218-2140	J	misc. debt				171.24
ACCOUNT NO. Grant Medical Center 111 S. Grant Avenue Columbus, OH 43215		Assignee or other notification for: Grant Medical Center				
ACCOUNT NO. Grant Medical Center P.O. Box 182140 Columbus, OH 43218-2140		Assignee or other notification for: Grant Medical Center				
ACCOUNT NO. Ohio Health 5350 Frantz Rd. Dublin, OH 43016-4259		Assignee or other notification for: Grant Medical Center				
ACCOUNT NO. Licking Memorial Health Professionals 1915 Tamarack Road Newark, OH 43055	J	misc. debt				1,304.91
ACCOUNT NO. Licking Memorial Health Professionals 15 Messimer Dr. Newark, OH 43055-1841		Assignee or other notification for: Licking Memorial Health Professionals				

Sheet no. **4** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **1,476.15**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda Case No. _____
 Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Licking Memorial Health Professionals PO Box 4486 Newark, OH 43058		Assignee or other notification for: Licking Memorial Health Professionals				
ACCOUNT NO. Accelerated Revenue Inc Rep For Licking Memorial Health Profess 3964 North Hampton Drive Powell, OH 43065-8430		Assignee or other notification for: Licking Memorial Health Professionals				
ACCOUNT NO. Licking Memorial Hospital 1320 W Main St Newark, OH 43055	J	misc. debt				6,974.00
ACCOUNT NO. Accelerated Revenue Inc Rep For Licking Memorial Hospital 3964 North Hampton Drive Powell, OH 43065-8430		Assignee or other notification for: Licking Memorial Hospital				
ACCOUNT NO. Licking Memorial Health Professionals 1915 Tamarack Road Newark, OH 43055		Assignee or other notification for: Licking Memorial Hospital				
ACCOUNT NO. Masseys Po Box 2822 Monroe, WI 53566	J	misc. debt				65.76
ACCOUNT NO. Masseys Po Box 8959 Madison, WI 53708		Assignee or other notification for: Masseys				

Sheet no. 5 of 14 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **7,039.76**

(Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Medical And Surgical Associates, Inc 1930 Tamarack Road Newark, OH 43055	J	misc. debt				27.00
ACCOUNT NO. FFCC Rep For Medical And Surgical Associates 24700 Chagrin Blvd - Suite 205 Cleveland, OH 44122		Assignee or other notification for: Medical And Surgical Associates, Inc				
ACCOUNT NO. Choice Recovery Inc. Rep For Medical & Surgical Assoc. 1550 Old Henderson Road Columbus, OH 43220		Assignee or other notification for: Medical And Surgical Associates, Inc				
ACCOUNT NO. Medical Center Of Newark 2000 Tamarack Road Newark, OH 43055	J	misc. debt				399.00
ACCOUNT NO. Professional Recovery Rep For Medical Center Of Newark PO Box 1880 Voorhees, NJ 08043		Assignee or other notification for: Medical Center Of Newark				
ACCOUNT NO. Metroplex Pathology PO Box 840294 Dallas, TX 75284-0294	J	misc. debt				38.78
ACCOUNT NO. Mid Ohio Digestive Disease Assoc. 5969 E. Broad Street, Ste 300 Columbus, OH 43213	J	misc. debt				381.80

Sheet no. **6** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **846.58**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Computer Credit Corporation Rep For Mid Ohio Digestive Disease 2242 S. Hamilton Rd Ste 101 Columbus, OH 43232		Assignee or other notification for: Mid Ohio Digestive Disease Assoc.				
ACCOUNT NO. Midwest Allergy 8080 Ravines Edge Court Columbus, OH 43235	J	misc. debt				121.40
ACCOUNT NO. Miraca Life Sciences PO Box 844117 Dallas, TX 75284	J	misc. debt				10.00
ACCOUNT NO. Montgomery Ward 3650 Milwaukee Street Madison, WI 53714-2399	J	misc. debt				1,052.65
ACCOUNT NO. Navient 300 Continental Drive Newark, DE 19713	J	student loan obligation				2,000.00
ACCOUNT NO. Us Department Of Education 2401 International POB 7859 Madison, WI 53704		Assignee or other notification for: Navient				
ACCOUNT NO. Sallie Mae 1002 Arthur Drive Lynn Haven, FL 32444		Assignee or other notification for: Navient				

Sheet no. 7 of 14 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **3,184.05**

Total
 (Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Navient PO Box 9533 Wilkes-Barre, PA 18773		Assignee or other notification for: Navient				
ACCOUNT NO. Sallie Mae P. O. Box 9500 Wilkes Barre, PA 18773		Assignee or other notification for: Navient				
ACCOUNT NO. Us Department Of Education PO Box 530260 Atlanta, GA 30353-0260		Assignee or other notification for: Navient				
ACCOUNT NO. Newark Anesthesia 1916 Tamarack Road Newark, OH 43055	J	msic. debt				60.48
ACCOUNT NO. Computer Credit Corporation Rep For Newark Anesthesia 2242 S. Hamilton Rd Ste 101 Columbus, OH 43232		Assignee or other notification for: Newark Anesthesia				
ACCOUNT NO. Ohio Neurology & Headache Centre 6805 Avery Muirfield Drive, Suite 202 Dublin, OH 43016-7185	J	misc. debt				134.73
ACCOUNT NO. Ohio Psychiatric Association PO Box 816 Zanesville, OH 43702-0816	J	misc. debt				502.16

Sheet no. **8** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **697.37**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Meade & Associates 737 Enterprise Dr Westerville, OH 43081		Assignee or other notification for: Ohio Psychiatric Association				
ACCOUNT NO. Orthopaedic Specialist And Sports Medici 1980 Tamarack Road Newark, OH 43055-1363	J	misc. debt				780.17
ACCOUNT NO. OSU Eye Physicians And Surgeons 456 W 10th Ave # 5 Columbus, OH 43210	J	misc. debt				28.02
ACCOUNT NO. CBCS Rep For OSU Eye Phys & Surgeons PO Box 163279 Columbus, OH 43216-3279		Assignee or other notification for: OSU Eye Physicians And Surgeons				
ACCOUNT NO. Ohio Attorney General Rep For OSU Physicians 30 East Broad Street - 17th Floor Columbus, OH 43215		Assignee or other notification for: OSU Eye Physicians And Surgeons				
ACCOUNT NO. OSU Medical Center 410 W. 10th Ave Columbus, OH 43210	J	misc. debt				140.96
ACCOUNT NO. Revenue Group PO Box 221278 Beachwood, OH 44122		Assignee or other notification for: OSU Medical Center				

Sheet no. **9** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **949.15**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Wexner Medical Center PO Box 183102 Columbus, OH 43218-3102		Assignee or other notification for: OSU Medical Center				
ACCOUNT NO. Ohio Attorney General Rep For OSU Medical Center 30 East Broad Street - 17th Floor Columbus, OH 43215		Assignee or other notification for: OSU Medical Center				
ACCOUNT NO. OSU Physicans, Inc. PO Box 740727 Cincinnati, OH 45274	J	misc. debt				856.94
ACCOUNT NO. United Collect Bur Inc Rep For OSU Physicians PO Box 140190 Toledo, OH 43614		Assignee or other notification for: OSU Physicans, Inc.				
ACCOUNT NO. OSU Physicians 700 Ackerman Road, Suite 600 Columbus, OH 43202		Assignee or other notification for: OSU Physicans, Inc.				
ACCOUNT NO. CBCS Rep For Osu Physicians PO Box 163279 Columbus, OH 43216-3279		Assignee or other notification for: OSU Physicans, Inc.				
ACCOUNT NO. OSU Physicians 700 Ackerman Road, Suite 600 Columbus, OH 43202		Assignee or other notification for: OSU Physicans, Inc.				

Sheet no. 10 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **856.94**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Ohio Attorney General Rep For Osu Physicians 30 East Broad Street - 17th Floor Columbus, OH 43215		Assignee or other notification for: OSU Physicians, Inc.				
ACCOUNT NO. Pain Care Specialists, LLC L2984 Columbus, OH 43260-0001	J	misc. debt				176.35
ACCOUNT NO. Paypal Credit Services PO Box 1056658 Atlanta, GA 30348-5658	J	misc. debt				598.55
ACCOUNT NO. Paypal Credit Services PO Box 960080 Orlando, FL 32896		Assignee or other notification for: Paypal Credit Services				
ACCOUNT NO. RCL Finance, Inc 201 East Abram Street, Suite 120 Arlington, TX 76010	J	misc. debt				1,899.31
ACCOUNT NO. Rise Credit PO Box 101808 Fort Worth, TX 76185		Assignee or other notification for: RCL Finance, Inc				
ACCOUNT NO. Rise Credit 4150 International Plaza - Suite 300 Fort Worth, TX 76109		Assignee or other notification for: RCL Finance, Inc				

Sheet no. 11 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,674.21**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda Case No. _____
 Debtor(s) (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. SYNCB/HH Gregg PO Box 965036 Orlando, FL 32896-5036	J	misc. debt				1,617.71
ACCOUNT NO. HH Gregg/GEMB PO Box 960061 Orlando, FL 32896-0061		Assignee or other notification for: SYNCB/HH Gregg				
ACCOUNT NO. HH Gregg/GEMB PO Box 981439 El Paso, TX 79998-1439		Assignee or other notification for: SYNCB/HH Gregg				
ACCOUNT NO. The Ohio State University Dental Faculty Practive Po Box 715190 Columbus, OH 43271-5190	J	misc. debt				96.00
ACCOUNT NO. Think Cash 4150 Intl Plaza# 400 Fort Worth, TX 76109-4819	J	msic. debt				unknown
ACCOUNT NO. Time Warner Cable Processing Center 27 Po Box 55126 Boston, MA 02205-5126	J	misc. debt				50.00
ACCOUNT NO. Time Warner Cable P.O. Box 0916 Carol Stream, IL 60132-0916		Assignee or other notification for: Time Warner Cable				

Sheet no. 12 of 14 continuation sheets attached to
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
 (Total of this page) \$ **1,763.71**

(Use only on last page of the completed Schedule F. Report also on
 the Summary of Schedules, and if applicable, on the Statistical
 Summary of Certain Liabilities and Related Data.) \$

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Time Warner Cable PO Box 0901 Carol Stream, IL 60132-0901		Assignee or other notification for: Time Warner Cable				
ACCOUNT NO. Time Warner Cable 1980 Alum Creek Drive Columbus, OH 43207		Assignee or other notification for: Time Warner Cable				
ACCOUNT NO. FFCC Rep For Time Warner 24700 Chagrin Blvd - Suite 205 Cleveland, OH 44122		Assignee or other notification for: Time Warner Cable				
ACCOUNT NO. Timothy R. Gatens MD 100 W. Third Avenue - Suite 150 Columbus, OH 43201	J	misc. debt				98.60
ACCOUNT NO. Tri County Radiologists 2112 Cherry Valley Rd, PO Box 948 Newark, OH 43055	J	misc. debt				42.11
ACCOUNT NO. CBCS Rep For Tri County Radiologists PO Box 163279 Columbus, OH 43216-3279		Assignee or other notification for: Tri County Radiologists				
ACCOUNT NO. Woman Within PO Box 659728 San Antonio, TX 78265-9728	J	misc. debt				395.00

Sheet no. **13** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **535.71**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Assignee or other notification for: Woman Within				
Comenity Bank Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125						
ACCOUNT NO.		Assignee or other notification for: Woman Within				
Comenity Bank/WomanWithin Po Box 182273 Columbus, OH 43218-2273						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

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SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 **Charles Leroy Naylor**
First Name Middle Name Last Name

Debtor 2 **Cathy Linda Naylor**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☐ Employed
☒ Not employed

☐ Employed
☒ Not employed

Occupation

Retired

Disabled

Employer's name

Retired

Disabled

Employer's address

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there? 5 years

12 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00

\$ 0.00

3. Estimate and list monthly overtime pay.

3. + \$ 0.00

+ \$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0.00

\$ 0.00

Debtor 1

Charles Leroy Naylor

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 0.00	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 1,491.00	\$ 1,224.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>Long Term Disability Pay</u>	8h. + \$ 0.00	+ \$ 556.75
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1,491.00	\$ 1,780.75
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,491.00 +	\$ 1,780.75 = \$ 3,271.75
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 3,271.75 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <u>None</u>		

Fill in this information to identify your case:

Debtor 1 Charles Leroy Naylor
First Name Middle Name Last Name

Debtor 2 Cathy Linda Naylor
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 770.00

If not included in line 4:

4a. Real estate taxes	4a. \$ <u>0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. \$ <u>0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. \$ <u>115.00</u>
4d. Homeowner's association or condominium dues	4d. \$ <u>0.00</u>

Debtor 1

Charles Leroy Naylor

First Name

Middle Name

Last Name

Case number (if known)

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ <u>0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>250.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>65.75</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>145.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>565.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>95.00</u>
10. Personal care products and services	10. \$ <u>94.00</u>
11. Medical and dental expenses	11. \$ <u>125.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>325.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>330.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>94.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1

Charles Leroy Naylor

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: _____

21. **+\$ 0.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 2,973.75**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 3,271.75**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 2,973.75**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ 298.00**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

IN RE Naylor, Charles Leroy & Naylor, Cathy Linda

Case No. _____

Debtor(s)

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 34 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: December 31, 2014 Signature: /s/ Charles Leroy Naylor
Charles Leroy Naylor

Debtor

Date: December 31, 2014 Signature: /s/ Cathy Linda Naylor
Cathy Linda Naylor

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Case No. _____

Naylor, Charles Leroy & Naylor, Cathy Linda

Chapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 Income from employment:

YTD: **\$0.00**

2013: **\$2,529.00**

2012: **\$11,843.00**

2. Income other than from employment or operation of business

- None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 Income from long term disability:

YTD: **\$6,681.00**

2013: **\$6,681.00**

2012: **\$6,681.00**

0.00 Income from SSI:

YTD: **\$32,580.00**

2013: **\$34,810.00**

2012: **\$34,234.00**

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Mark Albert Herder, LLC
1031 East Broad Street
Columbus, OH 43205

DATE OF PAYMENT, NAME OF
PAYOR IF OTHER THAN DEBTOR
31 December 2014

AMOUNT OF MONEY OR DESCRIPTION
AND VALUE OF PROPERTY
90.00

Academy Of Financial Literacy

18 December 2014

10.95

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Jp Morgan Chase Bank PO Box 669 Milwaukee, WI 53201	Checking	Closed December 2014 -- Balance at closing \$0.00

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: December 31, 2014 Signature /s/ Charles Leroy Naylor
of Debtor **Charles Leroy Naylor**

Date: December 31, 2014 Signature /s/ Cathy Linda Naylor
of Joint Debtor **Cathy Linda Naylor**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

Accelerated Revenue Inc
Rep For Licking Memorial Health Profess
3964 North Hampton Drive
Powell, OH 43065-8430

Accelerated Revenue Inc
Rep For Licking Memorial Hospital
3964 North Hampton Drive
Powell, OH 43065-8430

Acqura Loan Services
7880 Bent Branch Drive Suite 150
Irving, TX 75063-6045

Berks Credit And Collections
Rep For Courtesy Ambulance
900 Corporate Drive
Reading, PA 19605

Capital One Auto Finance
PO Box 269027
Plano, TX 75026-9027

Capital One Auto Finance
3901 Dallas Parkway
Plano, TX 75093

Capital One Auto Finance
7933 Preston Road
Plano, TX 75024

Capital One Bank
15000 Capital One Drive
Richmond, VA 23238

Capital One Bank
2425 Commerce Avenue
Duluth, GA 30096

Capital One Bank
PO Box 85520
Richmond, VA 23285

Capital One Bank (USA) NA
PO Box 60599
City Of Industry, CA 91716

Care Credit
PO Box 960061
Orlando, FL 32896-0061

Care Credit/GEMB
C/O Cardholder Operations
PO Box 981439
El Paso, TX 79998-1439

CBCS
Rep For Osu Physicians
PO Box 163279
Columbus, OH 43216-3279

CBCS
Rep For OSU Eye Phys & Surgeons
PO Box 163279
Columbus, OH 43216-3279

CBCS
Rep For Tri County Radiologists
PO Box 163279
Columbus, OH 43216-3279

CEMS Of Ohio DBA Medcare
Po Box 715541
Columbus, OH 43271-5541

Chase
PO Box 24696
Columbus, OH 43224

Chase Mortgage
P.O. Box 9001871
Louisville, KY 40290-0542

Choice Recovery Inc.
Rep For Medical & Surgical Assoc.
1550 Old Henderson Road
Columbus, OH 43220

Citimortgage, Inc.
1100 Technology Drive
Ofallon, MO 63368-2240

Citimortgage, Inc.
27555 Farmington Road
Farmington Hills, MI 48334-3357

Citimortgage, Inc.
P.O. Box 6243
Sioux Falls, SD 57117-6243

Columbus Sleep Consultants
Huntington Bank, L-3311
Columbus, OH 43260

Comenity Bank
Bankruptcy Dept.
PO Box 182125
Columbus, OH 43218-2125

Comenity Bank/WomanWithin
Po Box 182273
Columbus, OH 43218-2273

Computer Credit Corporation
Rep For Mid Ohio Digestive Disease
2242 S. Hamilton Rd Ste 101
Columbus, OH 43232

Computer Credit Corporation
Rep For Newark Anesthesia
2242 S. Hamilton Rd Ste 101
Columbus, OH 43232

Courtesy Ambulance Inc.
1890 West Main Street
Newark, OH 43055

Credit One Bank
P O Box 98873
Las Vegas, NV 89193-8673

Credit One Bank
PO Box 60500
City Of Industry, CA 91716-0500

Credit One Bank
PO Box 98872
Las Vegas, NV 89193-8872

Doctor's Anesthesia Services Of Columbus
Po Box 713749
Cincinnati, OH 45271-3749

Dr. Leonards
PO Box 2852
Monroe, WI 53566

FFCC
Rep For Medical And Surgical Associates
24700 Chagrin Blvd - Suite 205
Cleveland, OH 44122

FFCC
Rep For Time Warner
24700 Chagrin Blvd - Suite 205
Cleveland, OH 44122

Fingerhut
11 McLeland Road
St. Cloud, MN 56395

Fingerhut
6509 Flying Could Drive
Eden Prairie, MN 55344

Fingerhut Credit Advantage
PO Box 7999
Saint Cloud, MN 56302

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104

First Premier Bank
PO Box 5519
Sioux Falls, SD 57117

Foot Ankle Specialists Of Central Ohio
426 Beecher Rd
Columbus, OH 43230

GECRB/Care Credit
PO Box 981439
El Paso, TX 79998-1439

Grant Medical Center
111 S. Grant Avenue
Columbus, OH 43215

Grant Medical Center
P.O. Box 182140
Columbus, OH 43218-2140

Grant Medical Center
PO Box 182140
Columbus, OH 43218-2140

HH Gregg/GEMB
PO Box 960061
Orlando, FL 32896-0061

HH Gregg/GEMB
PO Box 981439
El Paso, TX 79998-1439

JP Morgan Chase
3415 Vision Drive
Columbus, OH 43219

JP Morgan Chase
370 S. Cleveland Ave.
Westerville, OH 43081

Jp Morgan Chase Home Finance
P.O. Box 24696
Columbus, OH 43224

Keybridge
Rep For Foot & Ankle Specialists
2348 Baton Rouge A, PO Box 1568
Lima, OH 45802

Licking Memorial Health Professionals
15 Messimer Dr.
Newark, OH 43055-1841

Licking Memorial Health Professionals
PO Box 4486
Newark, OH 43058

Licking Memorial Health Professionals
1915 Tamarack Road
Newark, OH 43055

Licking Memorial Hospital
1320 W Main St
Newark, OH 43055

Masseys
Po Box 2822
Monroe, WI 53566

Masseys
Po Box 8959
Madison, WI 53708

Meade & Associates
737 Enterprise Dr
Westerville, OH 43081

Medical And Surgical Associates, Inc
1930 Tamarack Road
Newark, OH 43055

Medical Center Of Newark
2000 Tamarack Road
Newark, OH 43055

Medical Payment Data
P.O. Box 9500
Wilkes Barre, PA 18773

Metroplex Pathology
PO Box 840294
Dallas, TX 75284-0294

MIA Funding
1545 NE 123rd Street
North Miami, FL 33152

Mid Ohio Digestive Disease Assoc.
5969 E. Broad Street, Ste 300
Columbus, OH 43213

Midwest Allergy
8080 Ravines Edge Court
Columbus, OH 43235

Miraca Life Sciences
PO Box 844117
Dallas, TX 75284

Montgomery Ward
3650 Milwaukee Street
Madison, WI 53714-2399

Navient
300 Continental Drive
Newark, DE 19713

Navient
PO Box 9533
Wilkes-Barre, PA 18773

Newark Anesthesia
1916 Tamarack Road
Newark, OH 43055

Ohio Attorney General
Rep For OSU Physicians
30 East Broad Street - 17th Floor
Columbus, OH 43215

Ohio Attorney General
Rep For OSU Medical Center
30 East Broad Street - 17th Floor
Columbus, OH 43215

Ohio Health
5350 Frantz Rd.
Dublin, OH 43016-4259

Ohio Homeowner Assistance LLC
88 East Broad Street, Ste 1800
Columbus, OH 43215

Ohio Neurology & Headache Centre
6805 Avery Muirfield Drive, Suite 202
Dublin, OH 43016-7185

Ohio Psychiatric Association
PO Box 816
Zanesville, OH 43702-0816

Orthopaedic Specialist And Sports Medici
1980 Tamarack Road
Newark, OH 43055-1363

OSU Eye Physicians And Surgeons
456 W 10th Ave # 5
Columbus, OH 43210

OSU Medical Center
410 W. 10th Ave
Columbus, OH 43210

OSU Physicans, Inc.
PO Box 740727
Cincinnati, OH 45274

OSU Physicians
700 Ackerman Road, Suite 600
Columbus, OH 43202

Pain Care Specialists, LLC
L2984
Columbus, OH 43260-0001

Paypal Credit Services
PO Box 1056658
Atlanta, GA 30348-5658

Paypal Credit Services
PO Box 960080
Orlando, FL 32896

Professional Recovery
Rep For Medical Center Of Newark
PO Box 1880
Voorhees, NJ 08043

RCL Finance, Inc
201 East Abram Street, Suite 120
Arlington, TX 76010

Reimer Arnovitz Chernek & Jeffrey
Rep For Citimortgage, Inc.
30455 Solon Road
Solon, OH 44139

Revenue Group
PO Box 221278
Beachwood, OH 44122

Rise Credit
PO Box 101808
Fort Worth, TX 76185

Rise Credit
4150 International Plaza - Suite 300
Fort Worth, TX 76109

Sallie Mae
P. O. Box 9500
Wilkes Barre, PA 18773

Sallie Mae
1002 Arthur Drive
Lynn Haven, FL 32444

Shop Now Pay Plan
Po Box 2852
Monroe, WI 53566-8052

SYNCB/HH Gregg
PO Box 965036
Orlando, FL 32896-5036

The Ohio State University
Dental Faculty Practive
Po Box 715190
Columbus, OH 43271-5190

Think Cash
4150 Intl Plaza# 400
Fort Worth, TX 76109-4819

Time Warner Cable
Processing Center 27
Po Box 55126
Boston, MA 02205-5126

Time Warner Cable
P.O. Box 0916
Carol Stream, IL 60132-0916

Time Warner Cable
PO Box 0901
Carol Stream, IL 60132-0901

Time Warner Cable
1980 Alum Creek Drive
Columbus, OH 43207

Timothy R. Gatens MD
100 W. Third Avenue - Suite 150
Columbus, OH 43201

Tri County Radiologists
2112 Cherry Valley Rd, PO Box 948
Newark, OH 43055

United Collect Bur Inc
Rep For OSU Physicians
PO Box 140190
Toledo, OH 43614

Us Department Of Education
2401 International POB 7859
Madison, WI 53704

Us Department Of Education
PO Box 530260
Atlanta, GA 30353-0260

Wexner Medical Center
PO Box 183102
Columbus, OH 43218-3102

Woman Within
PO Box 659728
San Antonio, TX 78265-9728

IN RE:

Naylor, Charles Leroy & Naylor, Cathy Linda
Debtor(s)

Case No. _____
Chapter 13

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LOCAL RULE 1015-2**

Please check the appropriate box(es) with respect to each of the following items and state the required information in the space below, adding an additional page if necessary:

If any previous bankruptcy case of any kind was filed in any court within the last eight (8) years by or against this debtor or any entity related to the debtor as described below, or if the debtor or any entity related to the debtor as described below has a pending bankruptcy case in any bankruptcy court regardless of when such case was filed, then set forth 1) the name of the debtor, 2) case number, 3) date filed, 4) chapter filed under, 5) district and division where the case is or was pending, 6) current status of the case, 7) whether a discharge was granted, denied, or revoked, 8) any real estate in the case and 9) judge assigned to the case. If the prior case was a case under chapter 13 which was confirmed, paid out and discharged, and the current case is a chapter 7 case, the debtor shall disclose the percentage paid to unsecured creditors in the chapter 13 case.

- ☐ This debtor (identical individual, including DBAs, FDBAs)
- ☐ This debtor (identical business entity)
- ☐ Spouse of this debtor
- ☐ Former spouse of debtor
- ☐ Corporation/LLC if this debtor is or was a major shareholder/member of the corporation/LLC
- ☐ Major shareholder of this debtor (if this debtor is a corporation)
- ☐ Affiliate(s) of this debtor (see § 101(2) of the Code)
- ☐ Partnership, if this debtor is or was a general partner in the partnership
- ☐ General partner of this debtor (if this debtor is a partnership)
- ☐ General partner of this debtor (if this debtor is or was another general partner therewith)
- ☐ Entity with which this debtor has substantial identity of financial interests or assets
- ☐ Involuntary

☒ NONE OF THE ABOVE APPLY

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: December 31, 2014

/s/ Charles Leroy Naylor

DEBTOR

/s/ Cathy Linda Naylor

JOINT DEBTOR